

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Title::	GIMBAL STRUT SHAPE TO INCREASE BUCKLING LOAD
Attorney Docket Number::	S01.12-0996
Request for Non-Publication?::	No
Suggested Drawing Figure::	FIG. 1
Total Drawing Sheets::	5
Small Entity?::	No
Petition included?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Given Name::	Wayne Allen
Family Name::	Bonin
City of Residence::	North Oaks
State or Province of Residence::	MN
Country of Residence::	US
Street of Mailing address::	21 Black Oak Rd
City of Mailing address::	North Oaks
State of Province of mailing address::	MN
Postal or Zip Code::	55127

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Given Name::	Zine-Eddine
Family Name::	Boutaghou
City of Residence::	Vandais Heights
State or Province of Residence::	MN

Country of Residence:: US
Street of Mailing address:: 4 Shadow Lane
City of Mailing address:: Vandais Heights
State of Province of mailing address:: MN
Postal or Zip Code:: 55127
55127

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Given Name:: Adam Karl
Family Name:: Himes
City of Residence:: Richfield
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing address:: 6929 Washburn Avenue South
City of Mailing address:: Richfield
State of Province of mailing address:: MN
Postal or Zip Code:: 55423

Correspondence Information

Name:: Todd R. Fronek
Street of mailing address:: Westman, Champlin & Kelly
900 Second Avenue South, Suite 1600
City of mailing address:: Minneapolis
State or Province of mailing address:: MN
Postal or Zip Code of mailing address:: 55402-3319
Phone number:: 612/334-3222
Fax number:: 612/334-3212

Representative Information

Representative Customer Number::	000027365	
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application			MM/DD/YY

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
		MM/DD/YY	Yes or No

Assignee Information

Assignee name:: Seagate Technology LLC
Street of mailing address:: 920 Disc Drive
City of mailing address:: Scotts Valley
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 95066